

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application No.	10/055,342
	Filing Date	January 22, 2002
	First Named Inventor	Saul R. Dooley
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	5926P079

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with Customer Number: **08791**

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: **08791**

OR

<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		Zip Code	
Country		Telephone		Fax	

I am the:

☐ Applicant.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under of 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	<i>Stefano Franco</i>
Signature	<i>[Signature]</i>
Date	<i>02-10-2008</i>

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.